

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-009730**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 1

1

Primary Registration District No. 3000

Registrar's No. 97

**FILED APR 2 1962**

**1. PLACE OF DEATH**

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kirkville

Length of stay in 1b  
one week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Laughlin Hospitla

Inside Limits  
Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Adair

c. CITY  
OR TOWN

Brashear

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

(If outside, give location)

R.F.D. #1

Reside on Farm  
Yes ☒ No ☐

**3. NAME OF DECEASED**  
(Type or print)

First

Middle

Last

WILLIAM

A.

LIPPER

**4. DATE OF DEATH**

Month

Day

Year

March 26, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/2/1900

9. AGE (last birthday)  
61

IF UNDER 1 YEAR  
Months 3 Days 24

IF UNDER 24 HR  
Hours 24 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farming

10b. KIND OF BUSINESS OR INDUSTRY  
Agriculture

11. BIRTHPLACE (City and state or country)  
Adair County, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

C. A. Lipper

13b. MOTHER'S MAIDEN NAME

Myrtle Green

14. NAME OF HUSBAND OR WIFE

Ida (Riebel) Lipper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mrs. Ida Lipper-RFD.#1, Brashear, Mo.

**18. CAUSE OF DEATH** (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia.

INTERVAL BETWEEN  
ONSET AND DEATH  
24 hrs.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardiac Arrest; Azotemia.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-19-62 to 3-26-62 and last saw him live on 3-26-62

Death occurred at 10:45 pm. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Richard P. Valuck DO Laughlin Hospital

22b. ADDRESS

22c. DATE SIGNED

3-27-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

3/29/1962

Highland Park Cemetery

Kirkville, Mo.

24. DECEASED'S FUNERAL HOME, ADDRESS

415 North Franklin

Wt Jackson Ave

25. DATE RECD. BY LOCAL REG.

3-28-7 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

Kirkville, Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Permit issued March 28, 1962

RICHARD T. VALBUCK, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.